

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019236

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **43**

Primary Registration District No. **2007**

Registrar's No. **1382**

FILED JUN 3 1963

1. PLACE OF DEATH

a. COUNTY **Butler**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Poplar Bluff**

Length of stay in 1b
15 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Butler**

c. CITY OR TOWN **Poplar Bluff** Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **1435 Cole Avenue**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
North Cole Avenue Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **ROBERT** Middle **LEE** Last **GRIFFIN**

4. DATE OF DEATH **May 8, 1963**

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-22-1890

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Corning, Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John J. Griffin

13b. MOTHER'S MAIDEN NAME

Sarah Spikes

14. NAME OF HUSBAND OR WIFE

Ida Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

None

17. INFORMANT

Edna Swan Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1 Myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

2 days

DUE TO (b)

2 Arteriosclerosis

10 yrs.

DUE TO (c)

3 Hypertension

2 Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4. Apoplexy 18 days

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4/21/63** to **5/8/63** and last saw him alive on **5/5/63**
Death occurred at **4:15 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Cynthia G. Post

(Degree or title)

22b. ADDRESS

M. D. Poplar Bluff, Missouri

22c. DATE SIGNED

5/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-10-1963

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

23d. LOCATION (City, town, or county)

Poplar Bluff, Mo

24. FUNERAL DIRECTOR

ADDRESS

Greer Croy & Fitch Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

5-28-1963

26. REGISTRAR'S SIGNATURE

Theresa Keaton

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 **0128**
2 **0128**

3

4 **0**

5 **1**

6

7 **1**

8 **0**

9331X

10

11

12 90-0

13 1-0

JUN 1 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.